

TO: Vermont Health Care Providers and Health Care Facilities
FROM: Jennifer S. Read, MD, FIDSA, Medical Epidemiologist

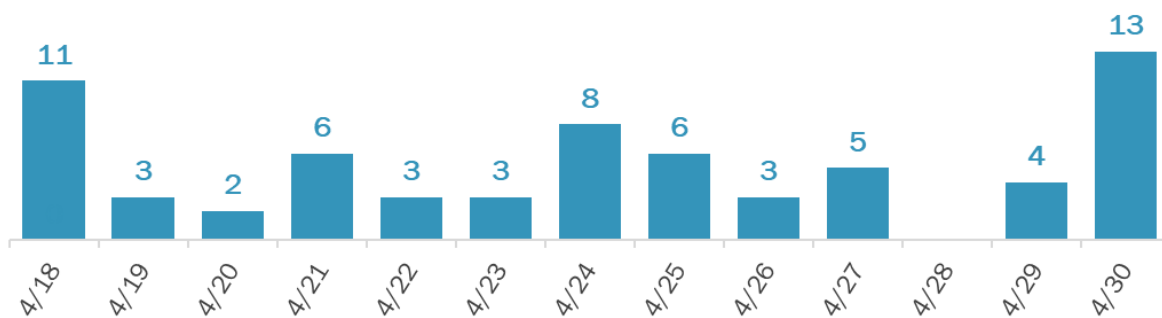
Overview of Vermont Residents Testing Positive for SARS-CoV-2 (April 18-30, 2020)

This overview provides the most recent clinical summary of Vermont residents with laboratory confirmed novel coronavirus 2019 (COVID-19) disease. Please refer to the previous overviews:

- [Overview of Vermont Residents Testing Positive for SARS-CoV-2: April 4-17, 2020](#)
- [Overview of Vermont Residents Testing Positive for SARS-CoV-2: March 21-April 3, 2020](#)
- [Overview of Vermont Residents Testing Positive for SARS-CoV-2 through March 20, 2020](#)

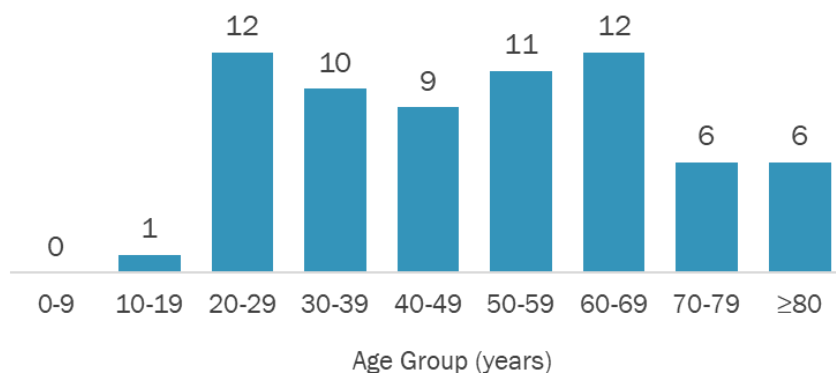
Between April 18 and April 30, 2020, a total of 67 Vermont residents tested positive for SARS-CoV-2, COVID-19 (figure).

Number of New COVID-19 Cases Among Vermont Residents



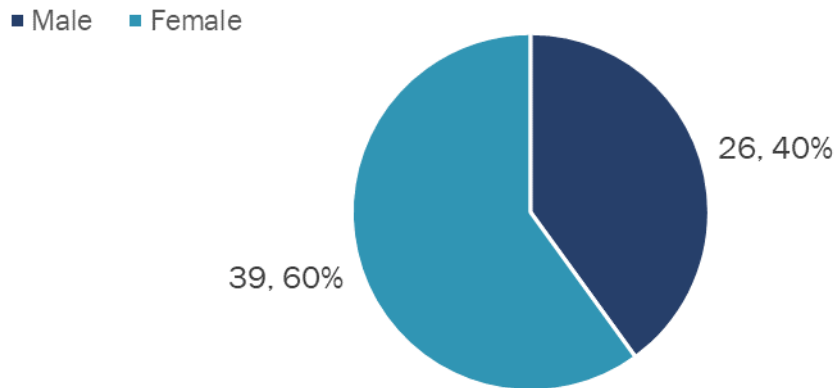
The median age was 53 years (range: 17-91 years; interquartile range: 37-65 years) (figure).

Distribution of Vermont Resident COVID-19 Cases by Age Group



Information on sex was available for all except two cases. The distribution by sex is shown (figure).

Distribution of Vermont Resident COVID-19 Cases by Sex



Information on the distribution of race and ethnicity is shown in the following two tables:

Race Distribution Among Vermont Resident COVID-19 Cases		
Race is determined by either provider report or self-disclosure during interview. n=54 (13 have unknown race)		
Race	Count	Percent
American Indian or Alaskan Native	0	0.0%
Asian	0	0.0%
Black or African American	3	5.6%
White	49	90.7%
Other	2	3.7%

Ethnicity Distribution Among Vermont Resident COVID-19 Cases		
Ethnicity is determined by either provider report or self-disclosure during interview. n=48 (19 have unknown ethnicity)		
Ethnicity	Count	Percent
Hispanic	4	8.3%
Non-Hispanic	44	91.7%

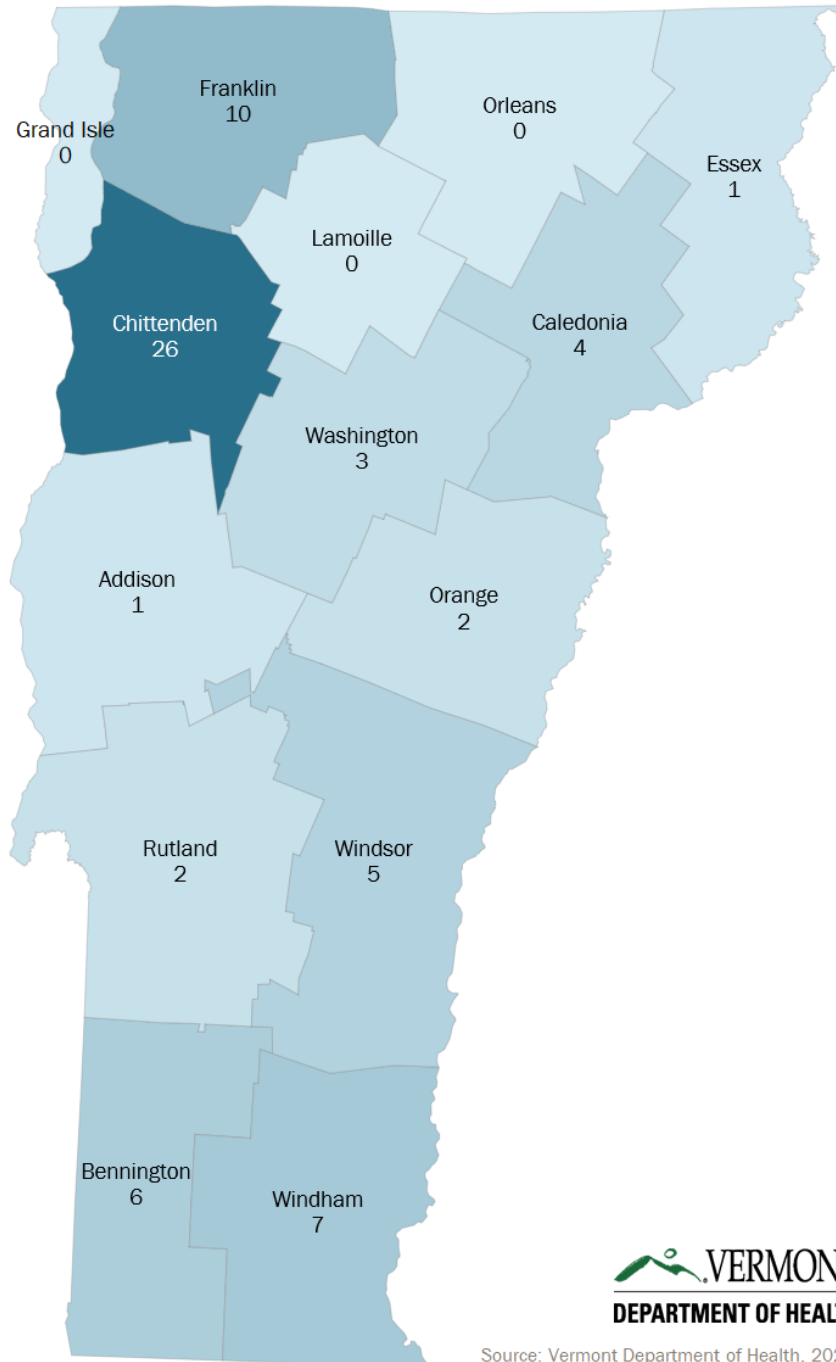
The geographic distribution of cases is shown in the following two figures:

Vermont Resident COVID-19 Cases by County

April 18 – April 30, 2020

*Vermont residents who tested positive for COVID-19.

**Some cases may still be under investigation and county not assigned yet.

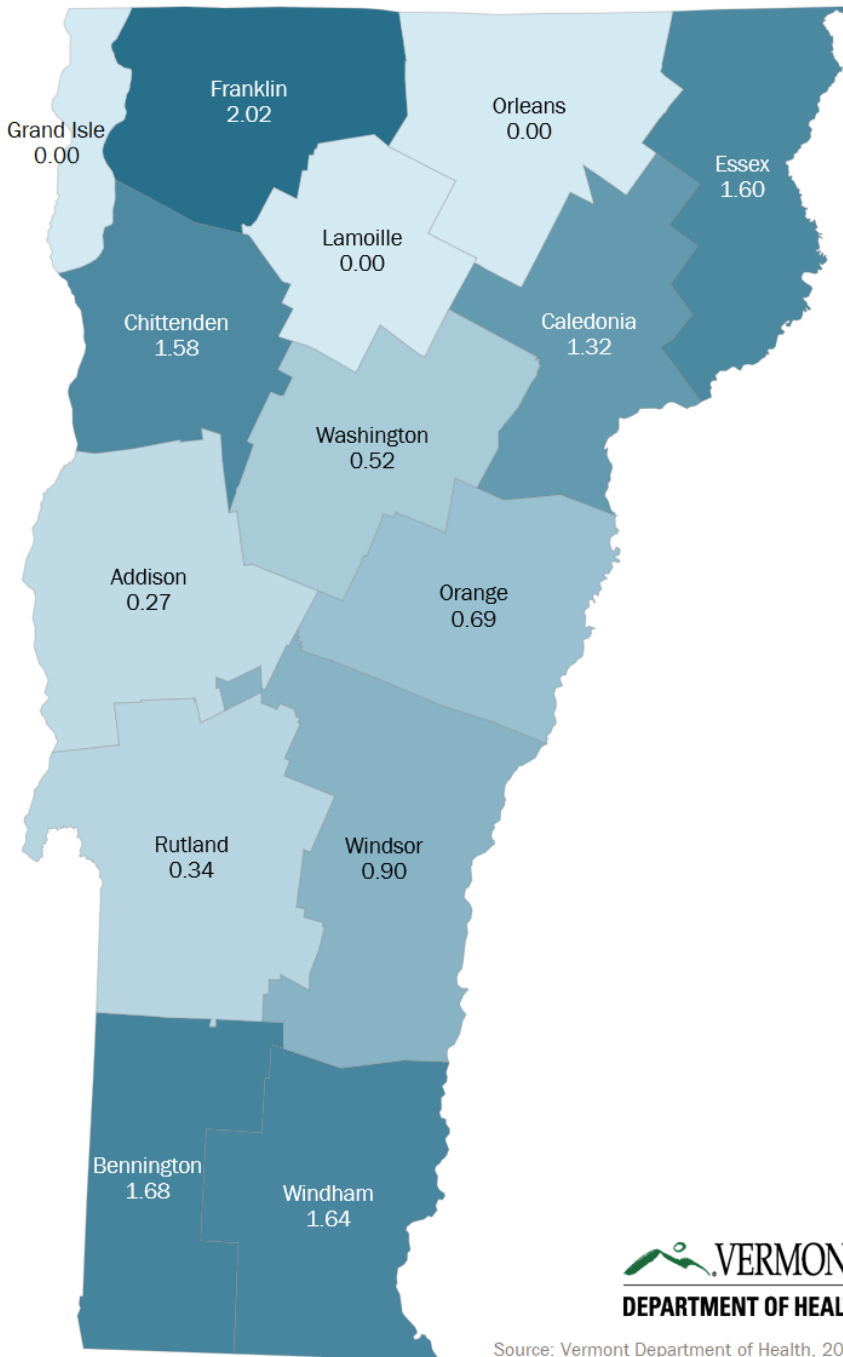


Vermont Resident COVID-19 Rates by County

April 18 – April 30, 2020

*Vermont residents who tested positive for COVID-19.

**Number of cases per 10,000 population. Caution should be used when interpreting rates in counties with small populations.



In order to characterize the clinical epidemiology of these infections, a systematic sample of 21 individuals who tested positive for SARS-CoV-2 and were not living in a congregate settings (long-term care facility, correctional facility) was assembled. Characteristics and clinical features of these 21 cases are delineated below.

- Co-morbidities: Thirteen (62%) had one or more chronic medical conditions:
 - Current or former tobacco smoking: 7
 - Hypertension: 1
 - Diabetes: 2
 - Asthma: 1
 - Inflammatory bowel disease (Crohn's disease): 1
 - Other: 5
- **Contact with known COVID-19 patients: 14 (67%)**
- Domestic travel outside of New England: 2 (10%)
- Health care workers: 3 (14%)
- Location of patient when testing ordered and subsequent disposition:
 - Outpatient: 21 (100%)
 - Emergency Department: 1 (hospitalized for 48 hours before being discharged to home)
 - Telephone/Telemedicine or Outpatient Clinic: 20 (all (discharged to) home)
- Signs and Symptoms: Three persons were asymptomatic, but the other 18 individuals had one or more of the following signs/symptoms:
 - Cough: 10 (56%)
 - **Dysgeusia and/or anosmia: 9 (50%)**
 - Headache: 9 (50%)
 - Fatigue: 9 (50%)
 - Nasal congestion or rhinorrhea: 8 (44%)
 - Myalgia: 8 (44%)
 - Nausea and/or vomiting: 6 (33%)
 - Chills: 5 (28%)
 - Decreased appetite: 4 (22%)
 - Diarrhea: 4 (22%)
 - Fever: 4 (22%)
 - Shortness of breath: 3 (17%)
 - Sore throat: 2 (11%)
 - Weakness: 1 (6%)
 - Abdominal pain: 1 (6%)
 - **"Red spots on toes": 1 (6%)**
 - Decreased oral intake: 1 (6%)
 - Weight loss: 1 (6%)

Summary: This overview of Vermont residents addresses individuals with laboratory-confirmed COVID-19 disease from April 18-30, 2020. The size of this cohort (N = 67) is significantly smaller

than the size of the cohort assembled during the previously reviewed cohort (April 4-17, 2020), but the median age is similar in both. This cohort contained more women (60%) than men, while previously the sex distribution was approximately equal. Almost 100% of cases in both cohorts were white, non-Hispanic. The incidence rates by county have shifted somewhat from the previously reviewed cohort (for example, now more evenly distributed across counties). Almost two-thirds (62%) of cases had chronic medical conditions, **a greater proportion had contact with a known COVID-19 patient (67%) than previously**, and only a small proportion (10%) had recent travel outside of Vermont. A similar proportion of cases were health care workers. All testing was conducted in outpatient settings, with telephone/telemedicine or outpatient clinic visits representing almost all (95%) of locations where testing was ordered. Cough remains the most common clinical feature (56%), closely followed by dysgeusia and/or anosmia, headache, and fatigue (all 50%). **In particular, dysgeusia and/or anosmia appears to be reported more commonly than previously.** Less commonly reported signs and symptoms were nasal congestion or rhinorrhea (44%), myalgia (44%), nausea and/or vomiting (33%), and chills (28%). Several other signs and symptoms (including fever) occurred in less than a quarter of cases during the time period under review. **Of special note is the report by one case of “red spots on toes”, which may represent acute acro-ischemia, a manifestation of microthrombosis, which has previously been described with COVID-19.**

If you have any questions, please contact the HAN Coordinator at 802-859-5900 or vthan@vermont.gov

HAN Message Type Definitions

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.